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LETTERS

PALLIATIVE RADIOTHERAPY

Palliative radiotherapy and holistic palliative care together

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We were delighted to read Spencer and colleagues' excellent review of palliative radiotherapy aimed at general practitioners.¹ But its last learning point, that "holistic palliative care may be more appropriate" in the final weeks of life, may mislead readers that they must choose one or the other. Patients should be offered both holistic palliative care and disease modifying treatments, such a palliative radiotherapy, from diagnosis of a life threatening illness.^{2,3}

We know that few patients request generalist palliative care while they are receiving palliative radiotherapy. As GPs we may find raising the subject of palliative care challenging owing to current stigma, even when patients know they are getting palliative radiotherapy.

A major side effect or "opportunity loss" of specific palliative treatments is failure to embrace holistic palliative care early, when support for all dimensions of need may be timely and may prevent distress. We identified this as an important issue for patients with lung, brain, or bowel cancer and their carers.⁴⁻⁶ We are currently studying whether early generalist palliative care by GPs triggered by starting palliative chemotherapy or radiotherapy is feasible and how this might be best started.

All patients receiving specific palliative treatments should also be offered holistic palliative care by their primary care team or relevant hospital specialist. If you are thinking of referring for palliative radiotherapy, think also of holistic palliative care.

Competing interests: None declared.

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